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Bib Data Sheet

CONFIRMATION NO. 4464

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/918,321 | FILING DATE 07/30/2001 RULE | CLASS 705 | GROUP ART UNIT 2161 | ATTORNEY DOCKET NO. Rachis/B |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS
James S. Katz, Bedford, MA;
Christine S. Nevin, Shrewsbury, MA;
Raymond Shapiro, Marlboro, MA;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/235,496 09/26/2000
Yes Cea

**** FOREIGN APPLICATIONS *******
None Cea

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
None
** 09/05/2001

| | | | | |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 21 | TOTAL CLAIMS 49 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Cea</i> | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS
24390

TITLE
Device event handler

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 888 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |